

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004441**

1. Entity Name

CHARLOTTE 40+ SOFTBALL LEAGUE, INC.



Principal Place of Business

23275 QUASAR BLVD.  
PORT CHARLOTTE, FL 33980

Mailing Address

23275 QUASAR BLVD.  
PORT CHARLOTTE, FL 33980



04292004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-2305700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CESINO, DAVID W  
23275 QUASAR BLVD.  
PORT CHARLOTTE, FL 33980

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000147604  
05/03/04-00114-013 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CESINO, DAVID W  
STREET ADDRESS 23275 QUASAR BLVD.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE DT  
NAME SCOTT, ROBERT  
STREET ADDRESS 4120 CONSETOGA ST.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE DS  
NAME AHERNS, JEFF  
STREET ADDRESS 20354 EMERALD AVE.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*David W. Cesino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 04 627-6977  
Date Daytime Phone #